

Carl Moyer Memorial Air Quality Standards Attainment Program (Carl Moyer Program) Agricultural Engine Replacement and/or Retrofit Application

General

The Bay Area Air Quality Management District (District) is accepting applications for the Carl Moyer Program. The purpose of the program is to provide funding to replace heavy-duty diesel engines with lower-polluting engines. The District is accepting applications for projects throughout its jurisdiction, but will prioritize projects that reduce emissions in the following six highly impacted communities (1) Concord, (2) Richmond/San Pablo, (3) Western Alameda County (4) San Jose, (5) Redwood City/East Palo Alto and (6) Eastern San Francisco.

This program will generally follow the guidelines of the California Air Resources Board's (ARB) 2008 Carl Moyer Program. For more information visit: www.arb.ca.gov/msprog/moyer/guidelines/current.htm. For more information about the District's policies and application process visit: www.baaqmd.gov/moyer.

Eligible Agricultural Projects

Eligible agricultural projects can receive up to the following CMP grant funding, covering a percentage of the total cost of the replacement engine or equipment, and installation:

1. Diesel to Diesel stationary agricultural engine replacement projects – 85% (Tier 3 and 4 only)
2. Installing ARB-Verified retrofit devices on Diesel stationary equipment – 100%
3. Certified Spark Ignition (SI) engine replacement- 85%
4. Diesel to Electric stationary engine / equipment replacement projects – 85%
5. Electric Motor New Purchase – 20%
6. Non- Engine Agricultural Use Projects - Case by Case basis

What You Need To Do

You can apply for funding by completing and mailing two copies of the attached **application form and required attachments to:**

Bay Area Air Quality Management District
Attn: Stacy Shull
939 Ellis St.
San Francisco, CA 94109

Applications that are determined to be **complete** will be evaluated on a first come first served basis. All applicants will receive application completeness notifications within 5 business days via email, fax or mail. If you do not hear from the District within 5 business days of delivery, please contact the District immediately.

The submittal of this information does not guarantee approval for funding, but will be used to determine the potential emission reductions and District funding contribution associated with the proposed project. Any equipment purchased prior to the execution of an official grant agreement will not be eligible for funding.

If you have any questions regarding this program or the application process, please contact Stacy Shull by phone at **(415) 749-4955** or by e-mail at: sshull@baaqmd.gov

Part 1: Applicant Information: Please visit www.baaqmd.gov/moyer for an electronic copy of this application to fill out on a computer, or **print clearly**.

1. Legal Name of Applicant /Vessel Owner: _____

2. Mailing Address: _____ The "Applicant"

Street Address/P.O. Box _____

City _____ County _____ State _____ Zip _____

Contact information

	Name	Email Address	Phone Number	Fax Number
3. Primary Project Contact				
4. Person Authorized to Sign Application and Execute Project Agreement				
5. Person Completed Application				

If a **Third Party** (e.g., engine dealer, distributor or consultant, etc.) assisted the Applicant to complete this application, such Third Party must complete this Section:

6. What is your position? _____

7. How much are you being paid to complete this application for the owner or to assist in the proposed project? \$ _____

8. What is the source of funds being used to pay you? _____

Signed: _____ **Date:** _____

Name (Please Print): _____

9. How did the applicant hear about the Carl Moyer Program?

10. Did the applicant or anyone associated with this application (primary contact, employee of owner, third party) attend a Carl Moyer Program Application Workshop, a meeting or other event where information was presented about BAAQMD grant programs? YES NO

11. If yes, please provide the event name and approximate date of the event:

12. Number of engines we have applied for in this application

13. Applicant must read and initial each item below to indicate understanding and agreement:

I understand that this application is for evaluation purposes only and does not guarantee project funding.

Initial: _____

I understand and agree that the District will conduct an inspection of the equipment, vehicle(s) and/or vessel(s) that are the subject of this application prior to an award in order to verify eligibility and compliance with the Carl Moyer Program.

Initial: _____

I certify that the proposed project is not required by any local, State or federal rule or regulation; judicial order, or agreement, memorandum of understanding, contract, or other binding obligation that requires the project application to implement any portion of the project that would be funded by the District under the Carl Moyer Program.

Initial: _____

I certify that this application is for equipment/vehicle(s)/engine(s) that have not already been funded, nor are currently under consideration for funding by another air district, the California Air Resources Board (ARB) or by another public agency.

Initial: _____

I certify that to the best of my knowledge, the information contained in this application and in any documentation accompanying this application or submitted in furtherance of this application is true and accurate.

Initial: _____

I have attached documentation showing that my organization carries the appropriate insurance (i.e. General Liability and Property insurance)

Initial: _____

I understand and agree that new equipment/engine(s) funded by this program can only be purchased or ordered once the contract is signed between the equipment owner and the District and a pre-project inspection has been conducted.

Initial: _____

I certify that I have the legal authority to apply for funding on behalf of the applicant entity and that I am authorized to sign this application on behalf of applicant.

Signed: _____ **Date:** _____

(Authorized Representative of Applicant Equipment Owner)

Name (Please Print): _____

Title: _____

PART 2: Agricultural Equipment and Engine Information

1.

Type of project: (ONLY CHECK ONE. Copy this blank page for additional engines):	
<input type="checkbox"/> Electrification of diesel-powered equipment replacement	<input type="checkbox"/> Diesel to Diesel Engine (Tier 3 and 4 only)
<input type="checkbox"/> Install emission reduction retrofit device	<input type="checkbox"/> Replace and retrofit diesel powered engine/ equipment
<input type="checkbox"/> Purchase New Electric Equipment	<input type="checkbox"/> Non engine agricultural project

Equipment Information

2. Equipment Type (stationary pump, portable pump, other):
3. Unit number or other identifier :
4. What is the primary function of this equipment?
5. Equipment Location/Address:
6. City:
7. County:
8. State:
9. Zip Code:
10. Equipment Make:
11. Equipment Model:
12. Equipment Model Year:
13. Equipment Serial Number:
14. Percent Operation in California:
15. Percent Operation in District: Note: See http://www.baaqmd.gov/dst/jurisdiction.htm for a jurisdiction map.
16. Will the new engine have a functioning hour meter for the life of the project? <input type="checkbox"/> YES <input type="checkbox"/> NO
17. If project is funded by the District, when will this equipment return to service?
18. Amount requested from the District for this project:

<p>19. Have you registered your stationary agricultural equipment with the BAAQMD?</p> <p><input type="checkbox"/> YES (provide your registration receipt with this application – See Part 3/ Attachment B for more information)</p> <p><input type="checkbox"/> NO (You are not eligible for funding without registration confirmation.)</p> <p>Register Here: http://www.baaqmd.gov/pmt/air_permit_programs/engine_instructions_atcm.htm</p>
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First Engine Replacement Information:

<u>Existing Engine Information</u>	<u>Replacement Engine / Motor Information</u>
20. Make:	31. Make:
21. Model:	32. Model:
22. Year:	33. Year:
23. Serial Number:	34. Serial Number:
24. Horsepower:	35. Horsepower / KW (please specify):
25. Number of Cylinders:	36. Number of Cylinders:
26. Displacement (liters/ cylinder):	37. Displacement (liters/ cylinder):
27. Fuel Type:	38. Fuel Type:
28. Current annual hours of operation for this engine:	39. New engine, annual hours of operation (Expected)
29. Engine EPA Engine Family Number	40. New Engine EPA Engine Family Number
30. Is this engine/motor currently covered by a Moyer Program contract? <input type="checkbox"/> YES <input type="checkbox"/> NO	
41. Cost of new engine / motor and parts:	
42. Cost of new engine installation: Please provide hours and rate EX: 200 hours @ \$20.00/hour	

Second Engine Replacement Information:

<u>Existing Engine Information</u>	<u>Replacement Engine / Motor Information</u>
43. Make:	54. Make:
44. Model:	55. Model:
45. Year:	56. Year:
46. Serial Number:	57. Serial Number:
47. Horsepower:	58. Horsepower / KW (please specify):
48. Number of Cylinders:	59. Number of Cylinders:
49. Displacement (liters/ cylinder):	60. Displacement (liters/ cylinder):
50. Fuel Type:	61. Fuel Type:
51. Current annual hours of operation for this engine:	62. New engine, annual hours of operation (Expected)
52. Engine EPA Engine Family Number	63. New Engine EPA Engine Family Number
53. Is this engine/motor currently covered by a Moyer Program contract? <input type="checkbox"/> YES <input type="checkbox"/> NO	
64. Cost of new engine / motor and parts:	
65. Cost of new engine installation: Please provide hours and rate EX: 200 hours @ \$20.00/hour	

Retrofit Device Information:

<p>66. Are you installing a retrofit device (Particulate Trap or Diesel Oxidation Catalyst)?</p> <p><input type="checkbox"/> YES Fill out Questions 67-73</p> <p><input type="checkbox"/> NO Skip this section and move on to Question 74</p>
<p>67. ARB-Verified Retrofit Device Make :</p>
<p>68. ARB-Verified Retrofit Device Model:</p>
<p>69. ARB-Verified Retrofit Device Executive Order Number:</p>
<p>70. Verification Level (Level 1, 2 or 3):</p>
<p>71. Cost of retrofit device & parts:</p>
<p>72. Cost of installation:</p>
<p>73. Cost of retrofit device maintenance for life of project (optional):</p>

Impacted Community Analysis:

Projects that operate in Bay Area highly impacted communities will be prioritized for funding. To be considered for this prioritization, please answer the following questions.

74. Does this vehicle operate in a Bay Area highly impacted community? (See the Priority Community map <http://www.baaqmd.gov/moyer>):

YES NO

If yes, please answer the following question.
 If no, skip to Part 3

75. Please use the Priority Community map to identify which impacted communities this vehicle operates in, and indicate the percentage of time this vehicle operates in each highly impacted community in the table below. BAAQMD staff may request that the grant applicant provide documentation to verify the information provided below.

The electronic Priority Community map is located on the District’s webpage identifies the six highly impacted communities. Use the “zoom in” tool on the electronic version of the map to enlarge the map to best identify boundaries. If you do not have access to the internet, the Priority Community Map is available by request from the Grants Programs Document Request Line, (415) 749-4994.

Zone Number	Highly Impacted Community	Percent Operation
1	Concord	%
2	Richmond/San Pablo	%
3	Western Alameda County	%
4	San Jose	%
5	Redwood City/East Palo Alto	%
6	Eastern San Francisco	%

Note: If the vehicle currently operates in Impacted Communities and this proposal is funded, the contract between the grantee and the BAAQMD will require the grantee to continue to operate this vehicle in Impacted Communities in the Bay Area.

Part 3: Attachments to Provide With Application

Attachment A: Insurance Information

Please provide the following insurance documents showing coverage for:

1. **General Liability** with a limit of not less than \$1,000,000 per occurrence.

At the time the Grantee submits invoices for payment to the Air District, the Grantee must demonstrate that the equipment purchased in the Funding Agreement, of which this is an Attachment, is covered under the following property insurance, if grantee has not already demonstrated possession of this insurance to the Air District. The property insurance must remain effective from the date of the invoice to the Air District to the end of the project life as defined in the Grant Agreement.

2. **Property Insurance for** in an amount of not less than the insurable value of Grantee's engines and equipment funded under the Agreement of which this Attachment is a part, and Initial covering all risks of loss, damage or destruction of such vehicles, vessels, engines or equipment.

Attachment B: Stationary Agricultural Diesel Engine Air Toxic Control Measure

In February 2004, the California Air Resources Board's (ARB) Board of Directors adopted an Air Toxic Control Measure (ATCM) for stationary compression ignition (CI) engines greater than 50 horsepower. The control measure requires new CI engines for agricultural operations to meet current ARB and U.S. Environmental Protection Agency (EPA) off-road engine Particulate Matter (PM) certification standards (Tier 3 or 4) for engines of the same horsepower and model year by specific compliance dates.

New and in-use agricultural wind machine engines and in-use engines that are less than 50 horsepower, agricultural emergency standby generator set engines are exempt from the ATCM emission reduction requirements.

What types of agricultural engines are subject to Stationary CI Engine ATCM?

Agricultural engines are defined as those used for the purposes of growing crops, or raising fowl or other animals. These engines are typically used to pump water, run frost protection systems, and to generate electricity during power failures or to provide electricity in remote locations. The Stationary Compression Engine ATCM regulates both in-use (existing) and new, non-motive agricultural engines rated at greater than 50 horsepower. Portable engines owned by, and used exclusively at an agricultural facility are also subject to this ATCM. For portable engines not owned by an agricultural facility, such as rented portable engines, the Portable Engine ATCM (Sections 93116 through 93116.5 of Title 17 of the California Code of Regulations (CCR)) is applicable.

What are potential compliance options for the Stationary CI Engine ATCM?

Potential compliance options include:

- engine replacement with an electric motor, spark-ignited engine, or compliant diesel engine
- engine retrofit with add-on control devices
- use of alternative diesel fuels (e.g. biodiesel)
- use of natural gas, propane, or other alternative fuels

Engine replacement with an electric motor, or a new, cleaner diesel engine is expected to be the primary means of compliance due to technical and financial considerations.

For more information

- Air District Ag. Engine ATCM webpage: http://burger.baaqmd.gov/ag_diesel/
- Ag. Engine Registration Page: http://burger.baaqmd.gov/ag_diesel/diesel_regform.php
- For more information, please contact Mr. Joe Slamovich of the Air District at (415) 749-4681

Attachment D: Application Checklist

Application Checklist

- Did you sign the application?
 - If completed by a Third Party, did the Third Party sign the application?
 - Did you make 2 copies of each application? Each project should have:
 - 2 copies of Part 1, and
 - 2 copies of Part 2, and
 - 2 copies of all attachments for each vessel submitted as part of the project.
 - Did you attach proof of applicable insurance to cover the following:
 - General Liability Insurance
 - Property Insurance to cover the **value of the Equipment(s)**
 - Did you provide two years of annual usage (in hours) documentation?
 - Each application shall include documentation of annual average engine hours, as determined from the **average usage over the last two years**. The average annual usage can be estimated using data that represent a typical year of operation. If the equipment is new to the owner, a documented projection, using recent data and assumptions made, can be used to estimate future usage.
 - Itemized quote for the new equipment to include BOTH the:
 - Parts, tax, and shipping cost
- AND-----
- Labor to complete the project (installation) – **Labor must be broken down by hourly rate and expected hours to complete the project;**

Survey Questions

Was this application easy to follow? Yes No

If not, do you have any recommendations for making it easier to understand?
